PERMANENT

CORD

Every Item of information should be carefully supplied. AGE ahould be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. Important.

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PLACE OF DEATH County Wor eex lie

4048

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St	9	Ward)
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fif death occurred in

*PULL NAME Marion R	St; Ward) a höspital or Institution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
male Itale (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Month (Month) (Day) (Year)	Jan 15 1913, to Mar 17 1913, that I last saw h in allve on Mar 17 1913
7 AGE If LESS than t day,hrs. ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment to which employed (or employer)	(Duration) yrs mos os. Contributory Lextransple Letterelies
(State or country) Poemule cely 10 NAME OF FATHER FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds.
(Informant) Picable Coy	Where was disease contracted, if not at place of death? Former or usual residence
Filed March 17, 1913 Extra Hillian REGISTRAR	20 UNDERTAKER Plurisa Son Recombel

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupaetc. If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DIREASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chrowio cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of . ture of the American Medical Association.) The contributory (secondary or intercurrent) "PUERPERAL peritonitis," tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," etc. State cause for (name origin; "Can- -death), 29 "Exhaustion," Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 1 1913
BUREAU, V. S.

PHYSICIANS should state of OCCUPATION IS VERY ated EXACTLY. PERMANENT stated 4 should THIS AGE supplied. UNFADING carefully WITH pe should information ō Every item CAUSE OF

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DEATH in plain terms, See instructions on back

important.

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CORD

PLACE OF DEATH 4049 2 FULL NAME PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 4 COLOR OR RACE 3 SEX MARRIED, WIDOWED, ORDIVERCED (Write the word) S DATE OF BIRTH (Year) (Month (Day) If LESS than 7 AGE f day, hrs. OR min. ? SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) PARENTS 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country KNOWLEDGE (informant) (Address 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

Ward)

fif death occurred in a hospital or institution. give its NAME instead of street and number.]

ME	DICAL CERTII	FICATE OF	DEATH	
16 DATE OF DEAT	H My 6	2/1 -	74	, 191
		(Month)		(Year)
17 I H	EREBY CERTI	FY, That I a	ttended dec	eased fro
000000000000000000000000000000000000000	, 191, to			, 191
that I last saw h 🔊	alive on	me	1.7	, 191
and that death occ	urred on the d	ate stated at	ove, at	2n
The CAUSE OF DI		follows:		bor
Sire	d onl	g den	- hou	us.
	(1)	uration)	wre me	ie d
(Secondary)	C. 21			DS
*State the DISI CAUSES, state (1 TAL, SUICIDAL, 0	EASE CAUSING I	EATH, or. in	deaths from	VIOLENT
18 LENGTH OF RE OR RECENT RESIDENT At place of death yrs Where was disease con if not at place of death former or osual residence	mos ds. iracted,	In the State	. yrs, m	
19 PLACE OF BUR	IAL OR REMO	VAL 9	MANS L	RIAL, 191.
20				

[Approved by U. S. Census and American Public Health
Association.]

cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinossis of lungs, meninges, peritonaeum,

childbirth or miscarriage, as "Purereral septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitie," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio valvular heart disease; Chronic interstitial mephritis. cer" is less definite; avoid use of "Tumor" for malinoma. Sarcoma. etc., of Accidental drowning; Struck by railway train-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of etc. State (name origin; "Can-"Exhaustion," Examples: cause for For vio-

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APR 1 1913 BURLAU, V. S.

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	1 PLA	CE OF DEATH			STATE OF MA
Go	unty Wa	scister.	405	0	CERTIFICATE O
	iliage or Gi	ty Mearl (Cian Lity (N	o. ,	Registration Di
	² FUL	L NAME JOHN	LR 13:	(are	<i>A</i>
	PERSO	NAL AND STATISTIC	CAL PARTICULA	RS /	MEDICAL CERTIFICATE OF
SE	* ale	white.	S SINGLE, MARRIED, WIDOWED, WOO ORDIVORCED (Write the word	lower	16 DATE OF DEATH Moreh (Month)
8 D/	ATE OF BIRT	ect (Month)	- 9.95	, 1829 (Year)	that I last saw h are allow on
7 A G	E	/yrs.		If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated. The CAUSE OF DEATH* was as follows:
per (b) busing which	Trade, profession ficular kind of we General nature on ness, or establish employed (or RTHPLACE ate or countr	ork If industry, Ishment in At In employer) At In	one land		Contributory Old (Secondary)
S	10 NAME OF FATHER	Solomo	n Care	4	(Signed) Francis (Address) Color
ARENT	(State or o	NAME Mary	fland	,	*State the DISEASE CAUSING DEATH, or, I CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.
4	13 BIRTHPL OF MOTH (State or c	IER Accord	ylano	4	18 LENGTH OF RESIDENCE (FOR HOSPITALS, I OR RECENT RESIDENTS) At place In the of death Syrs. mos. ds. State.
	HE ABOVE IS	is aleth	Surit	EDGE	Where was disease contracted, at ho, if not at place of death? Former or usual residence.
15	(Address)	Berlin	rich.	, ,	19 PLACE OF BURIAL OR REMOVAL Birlin
File	o March	75, 191 3 700	N/ /lelen	Pull	20 UNDERTAKER

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 35

[If death occurred in a hospital or institution, give IIs NAME instead of street and number.]

E OF DEATH hat I attended deceased from 19 1913. march 11, 1913 or, in deaths from VIOLENT and (2) whether Acciden-TALS. INSTITUTIONS, TRANSPENTS, ate yrs. mos. ds DATE OF BURIAL ADDRESS

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not material worked on may form part of the second Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinological desired control desired control

ture of the American Medical Association.) cause of death approved by Committee on Nomencialnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-komicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig-"Contributory." mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples:

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Village or City Mear Broken (No. 2FULL NAME Anna D. Calle	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 253 Registration Dist. No. 253 [It death occurred in a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Lemal 4 COLOR OR RACE MARRIED, MAN WIGOWEG, OR OLVORGES (Write the word)	16 DATE OF DEATH Mars 12 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
## Aug 2 18.72 (Nonth) (Day) (Year) 7 AGE it LESS than 1 day,hrs. 2 ORmin.?	that I last saw h an alive on MAS 1913, and that death occurred on the date stated above, at A, m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. mos. ds. Contributory (Secondary) (Duration) yrs. mos ds
10 NAME OF FATHER A D. D. P.	(Signed) Roll Goll , M. D. MAN 13, 191 3 (Address) Bitchricle May *State the DISEASE CAUSING DEATH, of, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address Bong And Balling (Address Ball	At place of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Horizon (4, 191.3. 20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

cause of death approved by Committee on Nomencla dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage, as "Purrpubal schilchae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of . Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for Examples:

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APR 1 1918
BUREAU, V. S.

C	ounty Kroreesee	Registered No. 351
٧	*FULL NAME Mary E. Davi	St; Ward) [If death occur a hospital or insti give its NAME in ef street and numl
===	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF BEATH
SE X	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Yea 17 1 HEREBY CERTIFY, That I attended deceased
6 D	afe of Birth april 2/ st (Month) (Day) (Year)	that I last saw h M alive on man 7/6,19
7 AC	GE If LESS than 1 day,	and that death occurred on the date stated above, at 6, 10 The CAUSE OF DEATH? was as follows:
(a) par (b) busi	CCUPATION) Trade, profession, or rilcular kind of work. General nature of industry, iness, or establishment in ch employed (or employer)	The was baralised of on Riston he tulerculoses flags (Duration), yrs. mgs.
9 81	(RTHPLACE tate or country) Berland Maryland	(Secondary) (Deration) (Deration) (Deration) (Deration)
S	10 NAME OF FATHER Janus Morras	(Signed) Face Jones , 1913 (Address) Show Kill Mil
ARENTS	OF FATHER (State or country) Maryland. 12 MAIDEN NAME OF MOTHER Charlotte Waves	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCID TAL, SUICIDAL, OF HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country) Maryland.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, Where was disease contracted,
14T	(Informant) Henry Sydney Monkford	If not at place of death? Former or usual residence
		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Mar 8 to 1013 La Parkenth	Bobush Quetery May 9 18:

[Approved by U. S. Census and American Public Health
Association.]

eated thus: Farmer (retired 6 yrs.). For persons material worked on may form part of the second the nature of the business or industry, and therefore an tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fleation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the -Precise statement of occupa-As examples:

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cereirospinal meningitis", Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "l'uerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purspenal septiehacmus," "Old Agc," "Shock," "Traemia," "Weakness," ture of the American Medicai Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlie," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 affection need not be stated unless important. nant neoplasms) : Measles; Whooping cough: Chronic cer" is icss definite; avoid use of "Tumor" for mallg-"Contributory." by carbolic acid-probably suicide. The nature of the valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of . Bronchopneumonia (secondary), 10 ds. Never report The contributory liways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can. Examples:

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RECEIVED

APR 5 1913

BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING RESERVED MARGIN

Village or City Survey All (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. St; Ward) [if death occurred in a hospital or lostitution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED,	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Mac 22 (1913, to Mac 24 Mac 1913, that I last saw h Mac alive on 24 Mac 1913.
TAGE If LESS than 1 day,hrs. orhrs. orhrs. orhrs. or particular kind of work	and that death occurred on the date stated above, at 6. P.M.m. The CAUSE OF DEATH* was as follows: Vicus or Kago Praise Casely as (Search Education)
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER THERE OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) WHAT IS MAIDEN NAME OF COUNTRY OF MOTHER OF MOTHER	(Signed) (Signe
OF MOTHER Charlotte G. 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place io the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL ADDRESS L. T. H. Samma Show Hill. Property of the place of t

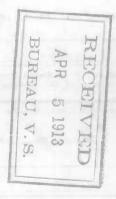
[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Arocery; (a) Foreman, (b) Automobile factory. The tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second statement. Never return "Laborer," "Foreman," it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question "Manager," "Dealer," etc., without more precise speci-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease in the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cere-irospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopicumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

chlidbirth or miscarriage, as "Purrereal septicharcause of death approved by Committee on Nomencia sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "l'uerpenal pertionitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Seniie." etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms) : Measles; Whooping cough; Chronic ture of the American Medicai Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Coliapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ampie: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin: "Cap-"Exhaustion," Never report Examples: For vio-

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T. S. No. 1.

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Village or City Possmohe City(No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 350 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED. MUSICAL MINUTED (Write the word) B DATE OF BIRTH Much 3/87, 1863.	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Much 10 1913, to Much 9 9 1913, that I last saw h 12 alive on 12 9 12 1913
(Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs. ORmin.? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at 1.34 Pm, The CAUSE OF DEATH* was as follows: Salkink & Dropsy (Boration) yrs. mos. ds. Contributory Vallatilar Its and
State or country) Symulate Country 10 NAME OF FATHER OVN / KNOW	(Secondary) (Duration) yrs mos ds. (Signed) Jno C Z , M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MAY COS LEV	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds.
(Interment) John Ewell (Address) Passauthe city 15 Filed April 2 1913 Estima Hellin	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER POCOMORE USUAL ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupais very important, so that the relative lealthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," 6

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease cause of the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease of "Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpreral septicharetc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measics (disease causing death), 29 de. nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of _ The contributory "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:

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PHYSICIANS should of OCCUPATION IS RECORD ERMANENT 0. D THIS 5 INK be ADING E UNF that pinous plain Instructions Information 5 of Inform DEATH WRITE OF Item mportant.

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STATE OF MARYLAND PLACE OF DEATH 4055 CERTIFICATE OF DEATH Registered No. Ilf death occurred inWard) a hospital or Institution, give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Tear) (Day) (Month) If LESS than TAGE and that death occurred on the date stated above, at f day hrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment lo which employed (or employer) Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACE At place to the OF MOTHER (State or country of death _____ yrs. ____ mos. ____ ds. State yrs, ____ mos, Where was disease contracted. If not at place of death?... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS filed. REGISTRAR If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

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BUREAU, V.S.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred loWard) a hospital or Institution. give its NAME instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) ORDIVORCED Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) If LESS than TAGE and that death occurred on the date stated above, at. 1 dayhrs. OR min. ? BOCCURATION (a) Fradenrofession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (Secondary) (State or country 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-04 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ___ Yrs. mos. State yrs, ____ mos. Where was diseasa contracted. If not at place of death? Former or usual residence. 15 20 UNDERTAKER ADDRESS

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

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PLACE OF DEATH 4057	STATE OF MARYLAND
County Worcests	CERTIFICATE OF DEATH Registered No. 357
Village or City Swow Hill. (No.	St; Ward) [It death occurred in a hospital or institution, give its NAME instead
FULL NAME AU OUCHOUS	w. Spills et street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
males white the word)	16 DATE OF DEATH March 29, 191.3 (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
DEC: 16,14/2	that I last saw h
(Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at
GOCCUPATION (a) Trade, profession, or particular kind of work	Treakely from buth Jaanetson
(b) Benoral nature of Industry, business, or establishment in which employed (or employer)	(Duration) Since buth yrs. mos. os.
(State or country) bransland	Contributory (Secondary) (Duration) yrs
10 NAME OF FATHER Const & Smills	(Signed) Take Jones, M. D. Mar 29k, 1910 (Address) SnowAir Mol
OFFATHER (State or country) Manylow d 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Changland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of deathyrs,mos,ds.
Informant) Least of My Knowledge Informant)	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Suow All G.	MECHANIS Surve Hillman 31., 1913.
Filed, 191	W. T. HEarn Smouttelf. Red., 8 E. Franklin St., Balto., Requesting V. S. No. 1.

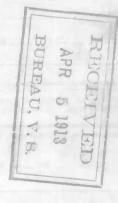
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cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at heginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never 'return "Laborer," As examples: "Foreman," (g)

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carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OGGUPATION is very PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be pi See Instructions on back of certificate. Important. 8 ż

1 PLACE OF DEATH County Worces ter 4058
Village or City Snow Hill (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 351

St.; Ward)

[If deeth occurred in

	FULL NAME Wileah J. A	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE He	Male Colored (Motorette) Wale Colored (Motorette) (Water the word)	18 DATE OF DEATH Merch 23, 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
	ATE OF BIRTH 1873 (Month) (Day) (Year)	that I last saw had allye on Mar. 21 1913.
AG	## If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at
(a) par	Trede, profession, or Stess-Milker	Don'te Philis
busi	General nature of industry, iness, or establishment in ch employed (or employer) The second	Contributory (Ouration) / yrs. 6 mos. ds.
9 BI (St	RTHPLACE tate or country) Snow Hill. Med.	(Secondary) (Duration) yrs mos ds.
S	10 NAME OF FATHER William of Jones 11 BIRTHPLACE	(Signed) W. D. Pray hw, M. O. Mar. 25, 1913 (Address) Snow Thel. Mid
ARENT	OF FATHER (State or country) to now Itell- Wel.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Ъ	13 BIRTHPLACE OF MOTHER (State or country) Onow Till. Mil	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 10 the of death
	(Informant) Dely L. Wilson.	Where wes disease contracted, If not et place of death? Former or usual residence
15	(Address) Snow Hill Mell.	19 PLAGE OF BURIAL OR REMOVAL ON- Fe Jewe tery Mar. 25, 1918 20 UNDERTAKER ADDRESS
FII	ed 3/2 4 1913 REGISTRAR	Mrs. A. Williams. Snow Hell Mid
	more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second statement. "Grocery; (a) Foreman, (b) Automobile factory. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary Arcman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulgainfully employed, as At school or At home. who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the dibrass causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc., Carcin-

cause of death approved by Committee on Nomencla scpsis, tctanus) may be stated under the head of dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage. as "Turremeal scottichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." injury, as fracture of skull and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent Aiways qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," ... (name origin; "Can-State cause for "Exhaustion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 5 1918
BUREAU, V. S.

	PLACE OF DEATH TUJU	STATE OF MARYLAND
Go	unty Woreson 1	CERTIFICATE OF DEATH
40		Registration Dist, No. 3.5.7
Vi	llage or City hear Ocean Mo. Mit	St; Ward) [It death occur a hospifal or instigute its NAME
	FULL NAME Burny Pa	well ot street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	x 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Yea 17 HEREBY CERTIFY, That I attended deceased
6 D A	Mr Rekard (Year)	Freb 2 24 1913 to Prefice 2 5 191
7 AG		
a	bat 23 yrs. mos. ds. ORmin.	The CAUSE OF DEATH & was as followed
	CUPATION Trade, profession, or	Lespone already al anot
part	ticular kind of work	OH WALE
busir	General nature of Industry, ness, or establishment in	(Ouration) / yrs. pags
9 811	ch employed (or employer)	(Secondary)
(80	ate or country) (vergina	(Buration) yrs mos
	10 NAME OF Thomas Punell	(signed) Francis Lowersens
LS	11 BIRTHPLACE	march 26,191 3 Address Decam City n
ENT	(State or country) Auguma	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLATIONS, state (1) MEANS OF INJURY; and (2) whether ACCH
AR	12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTS) Af place
14-	(State or country)	where was disease confracted the state wrs. mos. 4.
	Informant). The BEST OF MY KNOWLEDGE	it not at place of death? Syphimus Continueling China Former or usual residence Ministernie. Ver
	Address Cleean eit me	19 PLACE OF BURIAL OR SEMOVAL DATE OF BURIAL
15 File	March 26, 1913 Jas H Thrumpad	20 UN OERTAKER A D ADORESS
1.10	Leocal REGISTRAR	Curles of Every Rester of
	if por blanks are needed, address State Registrar,	6 E. Franklin St., Balto., Requesting V. S. No. 1

4059

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in Industrial employments, it is necapplies to each and every person, irrespective of age. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer, material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many ness of various pursuits can be known. The question mine, etc. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

valvular heart disease; Chronic interstitial nephritis: ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mailg-"Contributory." · (Recommendations on statement of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... tetanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," etc. State cause for (name origin; "Can-Examples:

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APR 1 1918
BUREAU, V.S.

RECORD

PERMANENT

SICIANS should OCCUPATION IS PHYSICIANS classified supplied. certificate. back Instructions plal 2 of Inform DEATH Item OF mportant. Every It œ.

STATE OF MARYLAND PLACE OF DEATH 4060 CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in St: Ward) a hospital or institution. give its NAME instead el street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR min. ? 8 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry. which employed (or employer) ... How business, or establishment in (Duration) Contributory 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER (Address) S 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VioLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ ds. State Where was disease contracted. KNOWLEDGE If oot at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL OF DATE OF BURIAL 15

> REGISTRAR If more Manks are needed, address State Registrar, 6 E. Pfanklin St., Balto., Requesting V. S. No. 1.

ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Mousekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If the occupation has Farmer or Planter, -Coal (6)

Statement of cause of death—Name, first, the dibease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

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APR 1 1918
BUREAU, V.S.

No.

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	pinous	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Item of Information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state of DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
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1 PLACE	OF	DEATH	4061
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 35

St.;	Ward)
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[If death occurred in a hospital or Institution, give its NAME instead of streel and number.}

ULL NAME	My Mane	Rednav
PSOVAL AND	STATISTICAL PARTICULARS	MED

		MEDICAL CENTIFICATE	AF BEAFU
PERSONAL AND STATISTICAL PART	TIGULARS	MEDICAL CERTIFICATE	OF DEATH
///A af. Auf P ORDIVO	D. Irytheut	16 DATE OF DEATH March 3 (Month	(Day) (Year)
8 DATE OF BIRTH March first (Month) (1)	Day) (Year)	that I last saw h alive on	191
7 AGE	If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date state. The CAUSE OF DEATH* was as follows	
CCUPATION (a) Frade, profession, or particular kind of work		Revis Law Un Car (Ouration)	
9 BIRTHPLACE (State or country) Ocean eig M	u.	(Secondary)	yrs mes ds.
11 BIRTHPLACE OFFATHER (State or country) Chincologue 12 MAIDEN NAME	Celman	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Case State the Disease Causing Death, of Causes, state (1) Means of Injury; a Tal, Suicidal, or Homicidal.	Hertin Office), N. B.
13 BIRTHPLACE OF MOTHER (State or country) Jaylorius 14 THE ABOVE IS TRUE TO THE BEST OF MY Informant) Williams H. Sile	Unism	18 LENGTH OF RESIDENCE (FOR HOAPITAL OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State Where was disease contracted, if not at place of death?	yrsmosds.
Midraco Desan Cil-	med.	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

REGISTRAR

20 UNDERTAKER

ADDRESS

blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

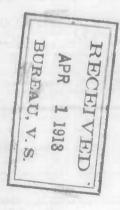
[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

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1 PLACE OF DEATH

Coun	ty Worcister 4008	CERTIFICATE OF DEATH Registered No. 35
Villa	ge or City hear Smoothell med (No	St; Ward) [It death occurred is a hospital or Institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH
6 DATE	Dec, 35-2, 1867	17 I HEREBY CERTIFY, That I attended deceased from 191
(a) Trace particular (b) Gen	JPATION de, profession, or lar kind of work leral nature of industry, or nestablishment in	and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows: Nad no Physician and bell Mean Misery (Duration) yrs mos ds
9 BIRTI	mployed (or employer) HPLACE or country) Near Survivire and	(Secondary) Contributory Rusch Disease (Secondary) (Derailog) yrs mos. ds
ν 11	NAME OF FATHER Calrb Towsend BIRTHPLACE	(Signed) Yun Jones, M. D. Mar 25, 1913 (Address) Show thee m
ш	(State or country) Maryland. MAIDEN NAME OF MOTHER Lear Collins	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
(BIRTHPLACE OF MOTHER State or country) ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place At place In the ot deathyrsmosds. Stateyrsmosds Where was disease contracted, If not at place of death?
15	mant) Storace Hund (Address) Sumplies and May 25, 1913 Hune Jones	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL With Chapple Cendley Inch 26, 1913. 20 UNDERTAKER ADDRESS
FIIEG. Z.	REGISTRAR	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of lifduties of the household only (not pald Housekcepers "Afanager," "Dealer," etc., Without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

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APR 5 1913
BUREAU, v.s.

V. S. No. 1.

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OCCUPATION RECORD statement PERMANENT classified. D properly supplied. may certificate. that 0 back terms, plain instructions information 5 of infor item P mportant. Every H

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 354 Ilf death occurred in St .:Ward) a hospital or Institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWEO, ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 191..... to..... (Month) (Day) TAGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follow OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER, 191..... (Address) 11 BIRTHPLACE ENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At piace In the OF MOTHER (State or country) of death Yrs. mos. ds. State yrs, mos, ds Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation hus of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." Salcsman, As examples: For persons 9

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin

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APR 1 1918
BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENTEvery item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen important. See instructions on back of certificate.	RECORD	PHYSICIANS should state
ш.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of Information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Bashof md RAD (No	STATE OF MARYLAND CERTIFICATE OF DEATH353 Registered No. 292 [if death occurred in a hospital or institutico, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemale Collard Single, MARRIED, WIDOWED, ORDIVORCED (Write the word) B DATE OF BIRTH Mar Ja 1911	16 DATE OF DEATH (Month) 2 2 (Day) // Stear) 17 I HEREBY CERTIFY, That I attended deceased from 1913, to 22 1913,
(Month) (Day) (Year) 7 AGE 1 It LESS than 1 day,hrs. 0 ORmin.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work	(Duration) yrs. mos. ds. (Gontributory (Secondary) (Duration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country) Moury Land 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in seaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Bosace Manday 13 BIRTHPLACE OF MOTHER (State or country) Marchand 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant, Malliam avalter Col	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, s. Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Bas hop and R. H. A. No. 1. Filed man 22, 1913 Land of Eary are for fregistran If more blanks are needed, address State Registran	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER P. F. Malison. ADDRESS ADDRESS ALL ALL ALL ALL ALL ALL ALL

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"Manager," "Dealer," etc., without more precise specistatement. cated thus: Farmer (retired 6 yrs.). For persons causing pratt, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. dutles of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

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PLACE OF DEATH 4065 STATE OF MARYLAND CERTIFICATE OF DEATH County Warcesly Registration Dist. No. [If death occurred in St.;....Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIEO. WICOWED. (Month) (Day) OR OLVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 E OF BIRTH (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 730 1 day, hrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory (Secondary) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 191 3. (Address) ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 2 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. State Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR

If more blanks are needed, address Mate Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1

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[Approved by U. S. Census and American Public Health Association.]

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